

CO DIVISION OF HOUSING FSS ESCROW LEDGER

Housing Agency: _____

Client: _____

Family Tenant ID#: _____

Fiscal Year: _____

(State fiscal year runs from July 1st - June 30th)

Please complete the following information. If a question does not apply, indicate by N/A.

FSS Enrollment Date: _____ Escrow Start Date: _____ Termination Date: _____

Does the escrow balance need to be cancelled (deobligated)? Yes ___ No ___ Amount \$ _____

If the family is porting to another location, where are they porting to: _____

Will escrow remain at DOH? Yes ___ No ___ Date the family will port: _____

Add additional comments if there is a correction in a previous month:

	Contribution	Balance	Partial Payout
Balance from last fiscal year			
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			

Note: If you make any change in the escrow amount, you must attach the escrow calculation sheet.

